



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF FORT WAYNE

City of Hospital: Fort Wayne, Indiana

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Karen Till

Email Address: ktill@lhn.net

Medicare Provider Number: 15-3030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$24693267
Outpatient Patient Service Revenue	\$16493
Total Gross Patient Service Revenue	\$24709760

2. Deductions From Revenue

Contractual Allowance	\$16884537
Other Deductions	\$0
Total Deductions	\$16884537

3. Total Operating Revenue

Net Patient Service Revenue	\$7825223
Other Operating Revenue	\$81909
Total Operating Revenue	\$7907132

4. Operating Expenses

Salaries and Wages	\$4916727	Employee Benefits	\$1185473
Depreciation and Amortization	\$463168	Interest Expense	\$0
Bad Debt	\$215422	Other Expenses	\$2564746
Total Operating Expenses	\$9345536		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1353127	Total Assets	\$13346148
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$16795155

Total Net Gains	\$-1353127
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$14914342	\$9473828	\$5440514
Medicaid	\$2774700	\$2409735	\$364965
Other Government	\$130496	\$110922	\$19574
Other State	\$0	\$0	\$0
Other Payers	\$6890222	\$4890052	\$2000170
Total	\$24709760	\$16884537	\$7825223

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$364965	\$1025236	
Subtotal	\$364965	\$1025236	\$-660271
DSH Payments	\$0		
Subtotal	\$364965	\$1025236	\$-660271
Medicare Shortfalls	\$5440514	\$5510763	
Other Government Programs	\$19574	\$48217	
Total	\$5825053	\$6584216	\$-759163

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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